

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	1/15/99
O.I.P.E. CLASSIFIER			11/18/99
FORMALITY REVIEW	LA	63390	10/01/99

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	1/15/99
2	✓	✓	1/15/99
3	✓	✓	1/15/99
4	✓	✓	1/15/99
5	✓	✓	1/15/99
6	✓	✓	1/15/99
7	✓	✓	1/15/99
8	✓	✓	1/15/99
9	✓	✓	1/15/99
10	✓	✓	1/15/99
11	✓	✓	1/15/99
12	✓	✓	1/15/99
13	✓	✓	1/15/99
14	✓	✓	1/15/99
15	✓	✓	1/15/99
16	✓	✓	1/15/99
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31	✓	✓	1/15/99
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46	✓	✓	1/15/99
47	✓	✓	1/15/99
48	✓	✓	1/15/99
49	✓	✓	1/15/99
50	✓	✓	1/15/99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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